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RESEARCH

Ensinando e aprendendo com idosos: relato de experiência

Teaching and learning with the elderly: experience report

Enseñando y aprendiendo con ancianos: relato de experiencia

Adriana Lira Rufino de Lucena ¹, Fabiana Ferraz Queiroga Freitas ², Kay Francis Leal Vieira ³, Suellen Duarte de Oliveira Matos ⁴

ABSTRACT

Objective: to describe a report of practices in Health Education in a University Extension Project, encouraging the adoption of preventive self-care measures in relation to the health of the elderly. **Method:** it is an experience report of practices in Health Education, promoted by professors and students, developed from 2008 to 2013 with 100 elderly in situation of multiple vulnerabilities. **Results:** for the description of practices in Health Education developed, the results were grouped in three pillars: 1) evaluation of health conditions; 2) reception and workshops in Health Education; 3) recreation and leisure activity. **Conclusion:** these practices help the health professionals to build new subsidies and ideas to the assistance, enabling a reflection about the singularity of the elderly and, therefore, they can contribute to the effectiveness of assistance, seeking a bigger longevity with quality of life. **Descriptors:** Health education, Elderly, Nursing, Medicine.

RESUMO

Objetivo: descrever um relato de práticas de educação em saúde de um projeto de extensão universitária, incentivando a adoção de medidas preventivas de autocuidado em relação à saúde do idoso. **Método:** relato de experiência das práticas de educação em saúde, promovidas por docentes e discentes, realizado entre 2008 e 2013, junto a cem idosos em situação de vulnerabilidades múltiplas. **Resultados:** para a descrição das práticas de educação em saúde desenvolvidas, os resultados foram agrupados em três trilhas: 1) avaliação das condições de saúde; 2) acolhimento e oficinas de educação em saúde; e 3) atividade de recreação e lazer. **Conclusão:** essas práticas ajudam os profissionais de saúde a construir novos subsídios e ideias para a assistência, possibilitando uma reflexão frente à singularidade do idoso, podendo assim contribuir para a efetivação da assistência na busca por maior longevidade com qualidade de vida. **Descritores:** Educação em saúde, Idoso, Enfermagem, Medicina.

RESUMEN

Objetivo: describir un relato de prácticas de educación en salud de un Proyecto de Extensión Universitaria, incentivando la adopción de medidas preventivas de autocuidado en relación a la salud de los ancianos. **Método:** relato de experiencia de prácticas de educación en salud, promovidas por docentes y alumnos, realizados entre 2008 y 2013, con 100 ancianos en situación de múltiples vulnerabilidades. **Resultados:** para la descripción de las prácticas de educación en salud desarrolladas, los resultados fueron agrupados en tres vertientes: 1) evaluación de las condiciones de salud; 2) recepción y talleres de educación en salud; 3) actividades de recreación y esparcimiento. **Conclusión:** estas prácticas ayudan a los profesionales de la salud a construir nuevos recursos e ideas para su asistencia, posibilitando una reflexión frente a la singularidad de cada anciano, y, de este modo, pudiendo así contribuir para tornar efectiva la asistencia en la búsqueda de una mayor longevidad con calidad de vida. **Descriptor:** Educación en salud, Anciano, Enfermería, Medicina.

1 Nurse. Specialist in Family Health from the Integrated Faculties of Patos (FIP). Master Student in Educational Sciences from the Integrated Center for Technology and Research (Cintep). Professor from the Nova Esperança Faculty of Nursing (FACENE). João Pessoa, Paraíba, Brasil. E-mail: adriana.rufino@hotmail.com 2 Nurse. Master Student in Nursing from the Federal University of Paraíba, Professor from the Federal University of Campina Grande (UFCG/Cajazeiras). Cajazeiras, Paraíba, Brasil. E-mail: fabianafq@hotmail.com. 3 Psychologist. Doctor in Social Psychology from the Federal University of Paraíba, Professor from the Nova Esperança Faculty of Nursing (FACENE) and the University Center of João Pessoa - UNIPE. João Pessoa, Paraíba, Brasil. E-mail: kayvieira@yahoo.com.br 4 Nurse. Specialist in Family Health from the School of New Hope Nursing (Facene). Master's Degree in Nursing from the Federal University of Paraíba (UFPB). João Pessoa, Paraíba, Brasil. E-mail: Suellen_321@hotmail.com

INTRODUCTION

With a worldwide increasing in life expectancy, some ways to improve care to the elderly have been discussed by developing policies contributing to a healthy aging. In Brazil, the challenge for the twenty-first century is to provide quality life support for a population over 32 million people aged over 60 years old.¹⁻²

After reaching this age group, the individual, in general, can present commitment of biological, physiological, psychological and sensory functions, showing the need for them a healthy and successful aging.

In this way, it is noted that all health care should be based on principles to guarantee the humanization effective care, making necessary to carry out prevention and health promotion, guaranteeing of practices of care. In this perspective, the university from its basic objectives of vocational training, generating and disseminating new knowledge, refer to a complex technology given the nature and diversity of academic work. Inserted in this context, the university extension presents a conceptual and practical diversity, significantly interfering in thinking and doing of teachers and students in the academic area.³ However, it is an educational and scientific practice, focused from the cultural environment where the individual is inserted with a view to enable new teaching and learning processes, providing the relationship between the university and society.

Among the strategies that favor the educational process, there are the actions of education and health promotion, which can create opportunities to build knowledge of elderly people, individually or collectively, in order to encourage them to act as protagonists on participation and control of their health through shared experiences through dialogue, qualified listening and constructive critical reflection, effecting their quality of life.⁴

Health education as an integrator path of care, an activity inherent to any professional acting health at the primary, secondary or tertiary levels, constituting a reflective and flexible health actions arising from popular scientific and technical knowledge, with ability to produce individual, family and community change and may contribute to social transformation.⁵

Thus, the educational activities require a continuous and effective care to the maintenance of well-being and quality of life, requiring performances to understand issues related to the aging process, establishing a respectful relationship, considering that the elderly are able to understand the guidelines they are assigned.⁶

The aging process brings changes in cognitive and psycho-affective functional capacity, which can result in increased vulnerability and dependence, diminishing the well-being and quality of life.⁷

Based on these, it is suggested that the teacher, student and elderly relationship, the effectiveness and sensitivity are valued, while elements necessary to care in order to promote the sharing and exchange of knowledge, cultivating an ethical and caring relationship.

Therefore, the effectiveness of health education in groups of elderly people requires a critical and reflective rethink, providing opportunities to unveil the elderly's needs, proposing transformation actions in order to guarantee them autonomy in the decision making in the health disease. That is fundamental to reaffirm the effectiveness of these activities, the construction of new knowledge to improve health and maintain quality of life of the elderly, encouraging teachers, students and other researchers in the search for new scientific technical knowledge.

Based on these, it is aimed to describe a report of education practices in health of a University Extension Project, encouraging the adoption of preventive measures of self-care regarding the health of the elderly.

METHOD

This study deals with an experience report of a university extension project, Healthy Aging: Integration Education - Community on health promotion and disease prevention in the elderly, developed by teachers and students of the undergraduate course in Nursing and the Nursing and Medicine School Nova Esperança, in the city of João Pessoa, PB. The activities were carried out from February 2008 to December 2013.

This project is linked to a research project and scientific research in extension interface, entitled "Successful Aging: assessment of the health conditions of the elderly", approved by the Research Ethics Committee of the Nursing and Medicine School Nova Esperança, under Protocol 53/13 and CAAE: 14472013.3.0000.5179, funded by the aforementioned higher education institution.

As selection criteria for the elderly, they should belong to the area covered by the institution; teachers being registered on employees' staff and students regularly enrolled or be graduates to undergo the selection process consisted of an essay and an interview, in order to elect the students able to work with this population.

The methodological procedures were developed within weekly health education meetings with the elderly group, the extension actions undertaken through this project

involved educational activities aimed at encouraging and adopting preventive measures of self-care regarding the health of the elderly.

All these activities involved a population of 118 subjects, with a sample of 99 elderly, three head teachers and staff, two nurses and a psychologist, and sixteen students. In the project development, it was trying to adopt a posture from the real needs and concerns presented by the elderly, using dialogue and the exchange of knowledge and experiences. Thus, it was opted for the investigative methodology of Paulo Freire⁸, believing that this is a reference to educational practices in health.

Regarding health education, there were educational activities with themes related to health promotion, disease prevention and early detection, to provide physical, cognitive, psychological and cultural autonomy in the context of supporting a better quality of life. In assistance activities the pressure level, blood glucose, weight, height, BMI calculation, actions directed to the care and guidance on self-care were observed.

For the development of educational practices, ethical and legal principles governing scientific research involving human subjects were contemplated, following Resolution No. 466/129 of the National Health Council, concerning the preservation of the participants and guarantee of their anonymity.

RESULTS AND DISCUSSION

Educational practices are characterized as an important socialization tool, that from the public concerned, it is necessary the knowledge of the needs, thus enabling strategies that effective the assistance.¹⁰ When it comes to the elderly, their physical, cognitive, psychological and cultural capacity should be considered, so there is good assimilation of instruction and mutual learning content.

These practices constitute a dynamic process in order to encourage self-care and health promotion, using dialogue, inquiry, reflection, questions and shared action, contributing to the change in lifestyle, knowledge and expansion of opportunities rescuing physical and emotional wellbeing.

To carry out these educational practices, the activities were based on pedagogy problems⁸, taking as a starting point for the learning process, knowledge of the elderly in an attempt to enable the construction of knowledge, based on respect for the autonomy and enhancement of creativity of students who gather scientific knowledge expertise of educators, influencing the inclusion of the elderly in the social context, collaborating with the multiplication of knowledge that implies the rehabilitation of the elderly to social life.

Thus, care and health education go inseparably simultaneously characterized as the guiding principle practices of the actions of university extension project, since caring is inherent in human existence, natural tendency, spontaneous, instinctive, steeped in being from birth to finitude, constituting a primary human need an attitude of occupation, concern and involvement with the other, which features protection and preservation of life.¹¹ Education characterizes by a dynamic process of teaching and learning permanently seeking to update and improve the training of teachers and students.

In this perspective, an education style was developed prioritizing human action based on dialogic communication being horizontal, where social subjects share experiences in processing and self-transformation⁸. In this way, it is believed that the dialogic communication is an important tool for educational practices, mainly for health professionals working with community groups.

The following are the activities developed by the group, divided into pillars in order to facilitate understanding.

Evaluation of health conditions

In the aging process, the body's maintenance activity is fundamental to preserve vital functions in good functioning.¹² For realization of elderly care, health professionals evaluate health conditions in order to know the big picture of the health disease of the elderly. This assessment aims to provide autonomy and independence to ensure quality of life through health promotion strategies and disease prevention, with the focus directed to good physical, mental and social functioning.¹³⁻¹⁴

In an attempt to facilitate autonomy and independence as a way to promote better performance of daily activities, it was sought to understand the social and epidemiological profile of the participants, to then trace care plans.

There were 99 elderly people identified aged 60-90 years old, 86.9% (86) were female and 13.1% (13) male. Regarding education, the elementary school 56.96% (55) prevailed followed by illiteracy 30.23% (31).

After identifying the social profile, there was an investigation about the health problems of the elderly, identifying that 60.6% (60) had hypertension and 39.4% (39) did not show it. Within the classifications of hypertension was detected that 58.3% (35) are classified as mild hypertension, 25.0% (15) were classified with moderate hypertension and the other 16.7% (10) severe hypertension. Related to type II diabetes mellitus, 90% (20) were female and 10% (2) were male.

After these findings, it was sought to investigate the risk factors existing in the group. Then, it became clear that tobacco use was present in 15.1% (15) of the elderly, while mostly 84.9% (84) have denied. Regarding alcohol consumption, 81.8% (81) does not make use and 18.2% (18) drink alcoholic beverages often.

The prevalence of elderly affected by overweight and obesity was 70.7% (70). Out of them, 47.2% (33) were overweight, 28.6% (20) with obesity grade I, 17.1% (12) with obesity II and 7.1% (5) obesity III.

This finding denoted the need to raise the frequency in physical activity practices, verifying that female 67.4% (29) practices walking, 11% (5) gymnastic, 9.3% (4) stretching, 7% (3) dancing and 4.6% (2) physical education. For males, there was a prevalence of 87.5% (7) for hiking and only 12.5% (1) dancing.

After identifying the determining factors of the health disease of the elderly, it was identified the need to plan assistance actions focused on the needs of the elderly in order to determine the contents to be discussed, resources and methodological strategy to be followed as well, monitoring and evaluation of the implemented actions.

Reception and workshops in Health Education

Aging demands a series of reflections about care, since that for achieving adequate assistance, it is critical considering the physiological, psychological changes and special features of age.

Therefore, one way to achieve the goal of appropriate assistance, it is guided in the humanization of assistance that implies the valuation of subjects involved in the health disease process, guaranteeing them autonomy and co-responsibilities in their needs, access to health services ensuring the resolution, and the establishment of solidarity bonds and collective participation in health practices.¹⁵

By reception, it is possible to build effective interpersonal relationships between teachers, students and the elderly, establishing the bond and sharing responsibility through humanized care, facilitating the adherence of the elderly actions implemented.¹⁶

The relationship established between project members and the elderly from the implementation of the reception, reveals the importance of development, because the actions produced have become a mechanism that has promoted the physical and psychological well-being of the elderly. From this perspective, it is considered the reception developed the extension project a way to integrate them in society excluding prejudices, leading them to adopt methods and strategies to give effect to a better quality of life.

With the bond of trust with the members of the project, it was decided to schedule the educational activities in health as the displaying need, such as workshops, with topics like aging process, self-esteem, healthy eating, food recycling, hypertension, stroke, diabetes, alcoholism, smoking, osteoporosis, fall prevention, first aid, sexuality, prevention of breast cancer, uterine cervix and prostate cancer, Alzheimer, violence and ill-treatment and status of the elderly. In these workshops, it was possible to socialize on the understanding of the elderly as the theme addressed, to be implemented from there new guidelines on scientific content.

During the workshops, there were elderly identified who suffered abuse, as well as the clear precarious economic conditions for most of the project members, therefore, it was sought to address these needs. Faced with the abuse, there was the collaboration of psychological support center of that higher education institution, in order to avoid further damage to their daily routines, as well as from the work with the elderly statute, so they could understand their rights and duties within the family. Relevant economic condition was offered to every elderly, a monthly food basket in order to avoid nutritional deficits.

Another thing worth mentioning refers to the ratio of elderly overweight and obesity, in addition to high blood pressure and glucose levels. To these findings, there was a medical circuit, with the help of geriatric doctors who identified other needs of the elderly, directing them where necessary to the polyclinic of the institution in order to carry out laboratory and specialized tests, continuing the treatment. In this circuit the elderly were also assisted by a nutritionist, who after the nutritional assessment has individually developed a diet, monthly re-evaluating the reduction of body mass index.

Recreation and leisure activity

Aging is a cumulative process leading to deterioration of the body, hindering the individual to develop some activities that were made with more facilities bringing with it the need for further adaptations to reality¹².

In this sense, a way to adapt them to this new condition of life, it is through their inclusion in recreation and leisure activities, enabling new and continuous learning with cognitive stimulation, and social relationships with maintenance of functional capacity.¹⁷

Therefore, recreation and leisure need to be increased across journey of life, especially in old age, when they have become more withdrawn, away from family and friends, precluding their activities of daily life, making it difficult to coexistence within the family and social life.

These activities result in fun, entertainment, distraction and pleasure contributing to the physical, emotional and social needs as well as for the maintenance of functional capacity, autonomy and independence, influencing the quality of life of the elderly. However, the rapid growth of this population in the country suggests healthcare professionals to create strategies to collaborate in order to engage the elderly in these activities, visualizing prevention and health promotion in health education actions.¹⁸

Thus, recreation and leisure includes the development of activities without compliance with rules or performance, such as rides, games, scavenger hunt, dances, songs, among others. Viewing this context, professionals linked to the project carried out festive and recreational activities in order to provide satisfaction, joy and increased self-esteem of older people since it was identified the absence of monitoring in the daily lives of the participants.

Therefore, the following activities were carried out: celebration of festive dates such as Easter, Mothers and Fathers' Day, St. John and Christmas, using dance and music as combined therapy. These are considered tool supporting activities in the treatment and prevention of diseases such as Parkinson's disease, osteoporosis, dementia, cardiac insufficiency, and also as a potentiator to prevent physiological problems such as sarcopenia, osteopenia, reduced balance), in addition to offering greater fitness, leisure and social integration.¹⁹

Carrying out such events, it was possible to solidify the link now established, emerging the need for new strategies that could unite recreation, leisure and education.

Thus, scheduled to rides by city historic sites in an attempt to stimulate memory making a rescue of the past, renewing their will to live. Games and competitions were also held, recalling the themes worked to investigate the learning level achieved but also investigating the possibility or not of the methodology used, and stimulating physical mobility.

Physical mobility was also stimulated by the day of the meeting, when the end of the reception, stretches and dances were realized. The performance of dances and stimulation of the body sharpen memory, because the elderly were singing remembering lyrics and melodies of the past and present. Motivation, commitment and determination of the members was with great musicality, which made us put together a choir, with the aid of a singing teacher.

Thus, the stimulus of physical and mental activities generated inner motivation, in order to provide beneficial changes in physical, psychological and social components, promoting emotional balance, preserving and restoring the body's integrity.²⁰⁻²¹

CONCLUSION

The implementation of health education activities shows the importance of the achievement in the aging scenario, stimulating the participation and interaction of the elderly in an attempt to allow them autonomy and independence in order to guarantee them a stale with better quality of life.

It was noticed an effective participation of the elderly in the developed activities, showing the interest and interaction with teachers and students, realizing the effective establishment of bond.

Thus, health education activities aimed at the elderly population are basic and embody an ideal time to the knowledge of their needs, and includes the elderly in social life and in carrying out activities forgotten, essential for ensuring a quality aging.

It was concluded that these activities stimulate greater knowledge of teachers and students, providing them strength and determination to carry out health promotion, and generate the elderly a unique knowledge to their life, becoming disseminator of shared and learned actions.

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Contact of the corresponding author:
Adriana Lira Rufino de Lucena
Faculdade de Enfermagem Nova Esperança
E-mail: adriana.lira.rufino@hotmail.com